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ARTICLE 1.

CASE OF EXTRA UTERINE PREGNANCY, CONTINUING THREE YEARS AND SIX MONTHS—FETUS REMOVED BY GASTROTOMY.

REPORTED BY C. GOODBRAKE, M. D., OF CLINTON, ILL.

[Read before the DeWitt County Medical Society, Jan. 3, 1860.]

Mrs. Freize, the subject of the following report, a lady of medium height, very lean, and about 43 years of age; was brought to my office by her husband, from Piatt county, on the 17th day of last October. The lady informed me that she wished to get my opinion of her case, of which she gave me the following history:

She has had nine children, the youngest about six years old; has been a very stout robust woman, able to do a great deal of hard labor. About April, 1856, she supposed herself pregnant, and in the fifth month she felt the fetal movements distinctly. She discovered no difference between her then condition and her previous pregnancies; only, that she had more trouble in voiding urine—micturition being very frequent and painful. Some time in the following December, strong bearing down pains came on, and supposing herself in labor, she

sent for her family physician, who, judging from her pains, encouraged her with the assurance that her labor would soon be over. In this, however, both the physician and herself were disappointed, for in a few hours her pains gradually subsided, and the doctor after an examination, informed her that her full time had not yet arrived, and left her. She continued to have more or less pains of a bearing down character for two or three weeks, when she again thought herself in labor, and the doctor was again summoned, and after remaining with her a good many hours, he left her as before. From this time on, she continued to have pains of more or less severity; became very anxious about her condition; consulted a great number of physicians, who all differed to some extent in their diagnosis, some of them supposing it to be an ovarian tumor, while others fell in with her own idea of the case, namely, that it was a foetus. One physician whom she consulted about it three months after the first time she thought herself in labor, prescribed, as she said, some medicine to produce contractions of the uterus, which brought on her menstrual discharge—since which time she has continued to menstruate regularly, up to the time of my seeing her. Her almost constant pains, and her great anxiety about her condition, produced a gradual wasting of the flesh, with diminution of physical strength.—Upon close questioning, she says positively, that there never was any sudden sensation of tearing or giving way in her abdomen, neither had she ever any sudden feeling of faintness or any other symptom which would indicate a rupture of the uterus or Fallopian tube. She also states, that up to the time when she considered herself at full period, and for some time after, her abdomen was elastic and of uniform size; but after that time it became gradually harder and of irregular shape—the bulk of the tumor occupying the right side. She also states, that for some time after her expected confinement, her breasts secreted milk. She informed me that all the physicians she had consulted agreed that no medicine could do her any good, and that if she did not wish to trust to nature for a remedy, she would be compelled to have recourse to surgical aid. And it was very evident that she had fully made up her mind to submit to an operation.

Upon examining the abdomen, I found a large tumor occupying the right side, extending from the iliac fossa, to above the umbilicus, and a little to the left of the linea alba. The tumor felt hard and somewhat irregular, and *appeared* to be movable to some extent.

On examination per vaginum, I ascertained that a round tumor, presenting a round smooth surface, occupied the pelvic cavity. It impinged firmly on the right side, but the finger could be made to pass between it and the wall of the pelvis on the left. The uterus occupied a position behind and to the left of the tumor. I was unable at this examination, although I used my best endeavors, to find the os tincæ. A catheter introduced into the urethra, passed behind the tumor—indicating that both the uterus and bladder were crowded from their true position.

I was not satisfied as to the character of the tumor. At first I was inclined to favor the lady's notions of the case, and believed it to be a case of extra uterine pregnancy, but upon consulting my books, and revolving the case in my own mind, I reasoned myself completely out of that belief, and came to the conclusion that it was most probably a fibro cartilaginous tumor. The woman wishing to know whether I would undertake its removal, I informed her of the *uncertainty* of the nature of her case, of the danger of an operation, and endeavored to prevail upon her to go to Chicago and take the advice of Professors Brainard, Byford and Miller; but she and her husband both answered, that their pecuniary means were not such as to justify them in going to Chicago or Cincinnati; that they had consulted a great number of physicians, that they had been recommended to me by their friends, and they wished me to operate.

I finally agreed to visit her at her residence, on the next Monday; ordered her to take a dose of oil on the Sunday previous, and not to take any breakfast, except a little tea or coffee, on Monday morning. I promised to open the abdomen, and if it was found that the tumor could be removed without endangering her life too much, I would extirpate it; but, if on the other hand, it should prove to be too strongly

adherent, or of such a character as that its removal could result in no good to the patient, I would close the wound, leaving the tumor *in situ*. I told the woman to take her case into serious consideration, and if she came to the conclusion not to have the operation performed, to let me know in the mean time, by letter or otherwise.

Accordingly, on Monday, the 24th day of last October, I visited Mrs. F. at her house, accompanied by Drs. Lewis and Tyler of Marion, and Drs. Richards and McHugh of Mount Pleasant; also, Messrs. B. K. Shurtleff and Rolla Richards, medical students. Several of the gentleman present had previously examined the case, but it was deemed advisable to make another thorough examination. At this examination, the mouth of the uterus was found, and we endeavored to introduce the uterine sound, but this was found impracticable on account of the obliquity of the uterus, and the encroachment of the tumor.

The lady, as well as her husband, were again advised of the severity, immediate danger, and ultimate uncertainty of the operation. However, with all these facts before them, they still urged that an operation should be undertaken.

In view of this determination on their part, the preliminary arrangements were made. The atmosphere of the room was kept moist by the evaporation of water from kettles on the stove. An artificial serum was prepared according to Doctor Peaslee's formula;* and all preparations made that were deemed necessary. The woman was placed on a table, the head and shoulders raised, a sheet applied as a diaper, and the operation performed in presence of the gentlemen already named, who kindly assisted by their council.

The patient being under the influence of a mixture, of one part chloroform to four of sulphuric ether, I made an incision in the linea alba, about four inches in length, down to the peritoneum, no hæmorrhage occurring, I cut down through it also. I now introduced my hand, after immersing it in the artificial serum, and soon satisfied myself that it was actually a fœtus enveloped in a sack of its own. The sack was found firmly adherent in the right illiac fossa, and to a considerable

* Amer. Jour. Med. Sciences. Vol. XXXVI, Page 295.

extent, to the prietal peritoneum on the right side. There were no adhesions anteriorly, nor to the intestines, which were all crowded to the left side. This diagnosis was confirmed by Dr. McHugh, who also made a thorough examination. In order to ascertain the condition of the foetus, a small incision was made in the sack, when it was found in a pretty good state of preservation; and upon a hurried consultation, it was deemed advisable to remove it, and as much of its sack as practicable.

The incision was now extended upwards as far as the umbilicus, and down to within an inch of the pubes. The incision through the sack was also enlarged, when the foetus was removed with great difficulty, owing to the strong adhesions between it and the sack. When the foetus was lifted out, the cord was found to be yet entire and attached to a very small placenta of a cartilaginous character, low down in the pelvis. The placenta was located immediately over the space where the sack also adhered to the broad ligament. The uterus was a little enlarged, but otherwise it seemed in a normal condition. The cord, as much of the placenta and sack as could be got away without lacerating the peritoneum, was now removed, the parts carefully sponged, and the incision brought neatly together by the interrupted suture, supported by adhesive strips; and the dressing finished by the compress and bandage. The patient rallied from the effects of the anesthetic about the time the dressing was completed, and was placed snugly in bed, a dose of laudanum was administered, and she expressed herself as quite comfortable. Her pulse was good.

The time occupied in bringing her under the influence of the anesthetic, in the operation, and until she was placed in bed, was 45 minutes, as observed by Mr. Shurtleff. It was estimated that there was not over an ounce of blood lost during the operation.

The patient was left, according to previous arrangement, in the care of Drs. Richards and McHugh; one of them remaining the first night at her house. They visited her regularly afterwards, twice a day. The bladder was evacuated morning

and evening, and opium and brandy administered according to indications.

The physicians reported that the patient did quite well for the first 48 hours; after which she became restless, her pulse grew gradually weaker and more frequent, until it became imperceptible at the wrist.

Dr. McHugh informed me that the wound looked well, and that there was no swelling of the abdomen up to the time of her death, which occurred on the fifth day after the operation.

A post-mortem examination was solicited, but was refused by the friends.

The *fœtus*, which I presented to the Obstetrical Museum of the Rush Medical College, is of female sex, of medium size as at full period; well developed; nails on fingers and toes well grown; weight not ascertained. The position it occupied in the abdomen was as follows:—The thighs were flexed on its abdomen, and the legs flexed on the thighs, with the face doubled low down between the knees, and it was kept in this position by the strong adhesions between these several parts. The head rested in the right iliac fossa, and the breech, being to the left of the head, passed down, to some extent, behind the pubic bone, displacing the uterus and bladder as before described. The only mark of decomposition observable on the *fœtus*, was on the side, where a spot about twice the size of a dollar had sloughed out, exposing the ribs and some of the internal organs.

REMARKS.—The question may with great propriety be asked—was it right and proper to operate, in the case of Mrs. F.? I would answer, that it would certainly have been better for the woman if she had not submitted to the operation; as she might, probably, have lived several years. Though this is only a probability; for where the sloughing had commenced on the *fœtus*, there was no adhesion, neither between it and the sack, nor between the sack and the walls of the abdomen. So that if decomposition of the *fœtus* had advanced, the woman must have died. And even in a large majority of the cases on record, where adhesions have taken place, and where the sloughs have found their way through the walls of the abdomen, the patients died nevertheless.

If, when I opened the abdomen, I had found a tumor as strongly adherent as was the foetal sack, I would most certainly have desisted, and closed the wound, according to my promise to the patient. But finding a foetus, and the edges of the wound retracting strongly, it was deemed impossible for the wound to heal before foetal decomposition would have set in, which would have made a very bad case of it indeed.

ARTICLE 2.

ON THE USES OF OPIUM.

BY CHARLES BRACKETT, M. D., OF ROCHESTER, FULTON CO., IND.

Editors of the Journal:—

I have read with pleasure and profit, the article on opium, by Dr. Hudson, in the January number of the *Journal* of this year.

Its effects, in some varieties of chronic ulcers, are often most astonishing. My attention was drawn to its use for the cure of indolent ulcers, by an article in some one of the *Journals* several years ago. I do not recollect now what *Journal*, but it has always since done all that is claimed for it in my hands; and I could give up all other medicines for these common and stubborn affections except opium. I usually direct a full dose, sufficient to produce free diaphoresis at bed time.

My experience with it in Typhoid fever is very limited as the disease seldom occurs in my practice.

For inflammatory diseases generally, and especially those of the mucous membranes, full diaphoretic doses in the commencement of the disease, and repeated as occasion requires, are frequently all-sufficient to cut short the disease within twenty-four or forty-eight hours.

I was first led to its use in catarrh, or cold in the head, by an article in one of the first numbers of the *London Lancet* that I ever saw. I was then a student with Dr. Mungo White,

of Cherry Valley, N. Y. Subject then to the disease myself, I took ten grain doses of Dover powder, every twenty minutes, till free diaphoresis came on. The next morning, to my surprise, I was cured. The mucous membrane of the nose and the conjunctiva, instead of secreting a thin, acrid fluid excoriating cheeks and lips, felt well and free from all discomfort, and a distressing affection, usually lasting about a week, was cut short in one night. I next tried the remedy on a niece of the Doctor's, who was also habitually subject to catarrh. I showed her the article in the Journal, told her how much I was benefitted by it. She was anxious to try it; and upon her promising not to tell the Doctor that I had so commenced practice, I gave her the Dover powders in ten grain doses, till sweating supervened. A complete cure was the result; she getting up next morning free from all symptoms of cold in the head. Since that time, now probably seventeen or eighteen years, I have never known it to fail in a single instance, when it could be taken as above. I have, however, for the past seven or eight years, almost discarded the Dover powder *in toto*, using the crude opium, or by times morphine alone.

The following is a case of croup, completely cured by a large dose of morphine:—

Anna Brackett, my daughter, æt. about fourteen months, had for several nights in succession croupal symptoms, with raging cough, feverish action, and considerable difficulty in breathing during the day. I had been absent, and she had taken only household remedies. On the evening of my return home, her symptoms were such as made me quite uneasy. I mixed about one grain of Sul. Morphis in about ten teaspoonful of onion juice well sweetened with honey, and directed a teaspoonful every half hour. I gave the first dose; my wife not understanding fully the directions, and supposing the medicine in the saucer was to be given *ad libitum*, gave the child what it would drink. It soon becoming so quiet, my wife was frightened, and called me to see what was wrong. I asked about the medicine, and she told me what she had done. I did not tell her that I was uneasy, or that she had

done wrong, but with my fingers on its little wrist, and sleepless eyes, for some time watched carefully for symptoms of dangerous portent; but they did not come; on the contrary, quiet sleep, easy breathing, and free perspiration followed this dose of over *half a grain of morphine* to a child but a trifle over a year old. On the next morning, bright eyes, a cheery laugh, perfect ease of respiration, and freedom from fever, told the tale of recovery; and no symptom of croup has ever since attacked our youngest born.

I have treated many cases of dysentery with morphine or opium alone; except the using of free injections of warm water, milk, or starch, to wash the mucous coat of the rectum of irritant secretions; and with such treatment am better satisfied than with the more complex and torturing modes.

I look upon opium as one of the most perfect antiphlogistic remedies we possess. It will deplete the system of quarts by the skin, when ounces taken from the vein would leave the system more prostrate and less comfortable. By this free cutaneous drain, we probably rid the system of morbid matters or humors, if any such are present, while by the lancet we deprive the system of so much life. "The blood thereof is the life thereof." The superiority of opium over the lancet, is best shown in pleurisy, where diaphoresis induced by opium makes the more perfect and speedy cure.

I came to this country in the fall of 1845; during the winter following, we had many cases of pneumonia. Within a short period, my brothers (James and Lyman, then practicing here) sent me to see four cases which proved fatal within a few hours from the time I saw them. They had been treated by other practitioners according to the old rule of puking, purging, and bleeding; after seeing the fourth case die, and on my return to the office, I threw the pill-bags under the counter, and remarked that if there were any more patients to visit in *articulo mortis*, they might count me out, for I would not see another second hand case for a short time at least. They both laughed heartily at me, and after I cooled down, they told me they had sent me to see those cases, for the sake of teaching me a lesson in the treatment of pneu-

monia with stimulants.

monia; that they knowing how these patients had been treated, knew what the finale would be; that I must depend less on the lancet; more on opium, quinine, blisters and antimony; being careful not to use cathartics; and that especially I must depend more on quinine and opium, with supporting adjuvants, for the cure of pneumonia attacking those long resident in this miasmatic region. Since that time, fifteen years, I do not think I have seen four fatal cases of pneumonia; and during the whole time I have been in active practice, except during the winter of 1848-9.

That this result is attributable in a great measure to the lessons I received from my brothers in the fall and early winter of 1845, I have no doubt; if I am successful at all in the treatment of pneumonia, opium is one of, or rather the head agent.

ARTICLE 3.

CASE OF A TUMOR,

APPARENTLY CANCEROUS, DISAPPEARING SUDDENLY.

BY T. B. COX, M. D., OF KIRKLIN, IND.

Mr. M. P—, æt. 40, presented himself at my office, to consult me respecting a tumor in the inguinal region, of three months standing.

Present appearance.—Has attained considerable size, extending nearly across the inside of the femur, and longitudinally some six inches; the upper margin being rather illy defined. Nothing unusual in external appearance; rather a bluish cast; no enlarged veins to be seen; soft and elastic to the touch.

Previous History.—On first making its appearance, was supposed to be an abscess, consequently was poulticed and lanced; instead, however, of pus, a little dark blood oozed from the opening.

General Health—Not good; skin rather a sallow hue; appetite moderate; bowels somewhat costive; has had several slight chills previous to this time, for which quinine was given with success. Fearing the malignancy of the disease, I postponed giving a definite answer as to the propriety of an operation, for which purpose I was consulted at the same time, guardedly hinting my fears to the patient; but being of rather a hopeful disposition, and having all his life enjoyed moderate health, he was slow to believe.

January 26th, met my friend Dr. C— of Frankfort, at the residence of the patient. Appearance of the tumor not much altered; general health declining; slight fever, but a full flow of spirits, and a fixed determination to undergo an operation. At the suggestion of Dr. C., I introduced a probe, which passed easily through the opening without producing the least pain; but was followed by the loss of half a pint of blood, upon which the patient grew very faint, and became convinced that his health would not admit an operation.—Sulph. Quinia and Mur. Tinct. Ferri, were then prescribed in order, if possible, to improve his general health, though on our part with but little hope of any benefit.

February 1st, health not improved in the least. A fungus growth has made its appearance at the opening, resembling fungus hæmatodes, as described by Gibson. Gave a mild alterative and tonic treatment.

Feb. 16th. Tumor presents a ragged appearance; has bled but little; lymphatic glands considerably swollen, especially in the axillary region, and about the neck.

Now told him plainly that all hopes of benefitting him by an operation, were abandoned. Gave him full doses of Iodide Potass., four times per day.

February 27th. Patient rapidly declining; upper margin of the tumor better defined; prescribed Fowler's solution three times per day, in eight drop potions, alternated with sulph. quinae.

March 2d. Considerable fever in the afternoon; tongue cracked; bowels tender; bloody stools; general symptoms, typhoid. Recipe—Turpentine emulsion at proper intervals, alternated with stimulants.

Suffice it to say that in a few days from this time, our patient died, with every vestige of the original tumor removed, and entire subsidence of all glandular swelling.

Was it fungus hæmatodes? It was surely some kind of soft cancer.

To my mind, the most interesting feature of the case, was the rapid recession of the tumor, and the consequent rapid decline of the patient. Was the deposit going on in some other organ? No symptoms of disease were detected in the lungs or heart. The spleen was, however, somewhat enlarged, but the patient lived in a malarious district, and had had ague. Was the tumor absorbed in the circulation, thereby acting as a poison?

ARTICLE 4.

TREATMENT OF INDOLENT ULCERS.

PARTICULARLY THOSE OF A LYPHITIC CHARACTER.

BY B. WOODWARD, M. D., OF GALESBURG, ILL.

The *Chicago Medical Journal* for the present month, contains an editorial on "the treatment of indolent ulcers by vapor of iodine," and the mode of using the vapor. During the winter of 1856-7 it was my privilege to attend the teachings of Professor Brainard at the Marine Hospital, Chicago; and while there, had the opportunity of watching this mode of treatment of various cases in the hospital. Of several of these cases I kept copious notes, some of which I will condense for the present article.

Morris Joice, seaman, on admission to the hospital, November 3, 1855, had an ulcer of eight months standing, covering the middle of tibia of the right leg. The ulcer was five inches long, and three inches broad; surface much depressed, and covered with gray exudation; outline regular, and edges

ragged. Professor B. directed it to be treated by iodine vapor. No constitutional treatment, as he wished to test the iodine treatment.

On the 12th of the same month, the ulcer had become reduced in size, one half, covered with coagulated lymph, and healthy granulations all over the surface.

November 22d. Ulcer not larger than a twenty-five cent piece; granulations rise even with surrounding surface; continue vapor of iodine. By the 8th of December, the leg was entirely healed. This man had never had syphilis.

November 14th. Thomas Rigby, seaman, admitted to hospital, with a large ulcer over the external malleolus, of several weeks standing. Ulcer an inch and three quarters long, and an inch and a quarter wide; surface much depressed, and covered with a gray exudation mixed with coagulated blood.

Recipe—Iod. potassa, five grains in solution, three times a day, and to ulcer iodine vapor. This treatment was continued ten days, by which time the ulcer had become reduced to the size of a five cent piece. By the 5th of December the ulcer was entirely healed.

During the winter the treatment by vapor of iodine, was adopted in the hospital in several other cases, with the same marked success.

The doctrine of Professor Brainard was, that an ulcer was an absorbing surface, and that iodine applied in this way had not only a local, but a constitutional effect. To prove this, at the request of the Professor, Drs. Powell, Durham, and myself, subjected the urine of Morris Joice and two others, on whom iodine had been used in no other way than the local application of the vapor, to chemical test, and in each case the presence of the iodine in the urine was proven.

Since that time I have used iodine by Dr. Brainard's method in the treatment of indolent ulcers, with the best results. Where the ulceration has been the result of syphilis, I have found the exhibition of iodide of potassa to materially aid in effecting a cure. In one case of scrofulous ulcer of the neck in a young woman, which had remained open for four months, the iodine vapor effected a cure in three weeks. I am now

using it in a bad case of ulceration of the foot from frost bite, with the best prospects of success.

ARTICLE 5.

PERIODICITY OF INTERMITTENT FEVER.

BY D. L. ROBINSON, M. D., OF NEW ELIZABETH, IND.

The periodicity of intermittent fever, has long been a theme of great interest among medical men. They have in all past ages exhausted their medical talent in trying to account for, and put forth a rational, and consistent theory for the mysterious, and regularly periodical return of the malady when it has once attacked its unfortunate victim. There is so much conflict among our best medical authorities on this subject, and so many inconsistent hypotheses, that I have almost concluded that the best of them knew but little about it. I am of the opinion that Miller in his *Principles of Medicine*, has come nearer the truth in the premises than any authority I have yet consulted. He says:—"One of the most remarkable characters in the disease resulting from malaria, is the periodicity of their attacks, and the diminution or cessation of the symptoms in the interval. This is probably due to the alternate accumulation of the malarious influence in the body and the reaction of the vital powers against it."

Now I propose in the present article to add my *mite* in as brief and concise a manner as possible, to the numerous *hypotheses* and *conjectures* that have been made and recorded with regard to this interesting subject—the periodicity of intermittents.

We are told—and rationally told too—that a bony tumor growing upon the inner tablet of the skull bone, and dipping down into the brain structure, gives rise to a very high degree of irritation; and that, that irritation causes the most alarm-

ing epileptic convulsions—that those convulsions are paroxysmal, having complete intermissions of perfect quietude between the paroxysms. Now the important question very naturally arises just here, why are those convulsions paroxysmal—the cause is continuous—present all the while? Our medical authors very consistently solve this problem for us. They say that this constant source of irritation in the brain, is continually giving rise to excitement of brain and nervous system; that this excitement (or irritation) accumulates to a sufficiently high degree to cause a convulsion; the convulsion persists until excitability in the brain and nervous system is exhausted; then a stasis, or period of comparative quietude, longer or shorter, is observed, until the susceptibility to excitement from this source of irritation present, is recovered, at which time, excitement of brain and nervous system again accumulates to a sufficient degree to cause another convulsion or paroxysm.

It will be easy to observe the end aimed at by this illustration. It is to put forth the idea—however absurd it may seem—that the cause of irritation (or *sedation* if you please) in an intermittent, acts upon the *same principle* in giving rise to paroxysms of ague, that the bony tumor or spicula of bone does in epileptic convulsions.

The *cause* of intermittent fever, all agree, is *marsh miasmata*; and I contend that its principle process of reaching the human system is through the medium of the atmosphere; that it is inhaled into the lungs, thereby admitted into the circulation in general, and diffused throughout the entire system. It first blunts the sensibility, or paralyzes the extremities, or periphery of the whole nervous system. Thus it suspends nervous innervation to the superficial, or capillary circulation in general, causing the blood to recede to the internal viscera, the spleen, liver, and vital organs generally; thereby diminishing animal heat *externally*, and causing congestion *internally*, and *constituting* what is termed the cold stage, or chill. This stage, or condition, persists until the nervous system survives the first impression, or shock, produced by the malarial poison; then those overburdened organs make an effort to relieve themselves of their ponderous load

of blood; by that means, *reaction*, the hot stage, or fever, is developed. This fever may persist for a longer or shorter period, being governed by the amount of poison present, the temperament and condition of the individual; at all events, it persists until excitability in the nervous system is exhausted, at which time we have the *apyrexia*, or intermission, which lasts until the nervous system regains susceptibility to the exciting influence of the miasmatic poison; then it sets up its irritation again, and the system is brought under the same excitement again, which constitutes another paroxysm, or *fit of ague*. Thus it continues to operate until nature, by the paroxysms, eliminates the whole of the miasmatic poison, or until it is neutralized by remedial agents.

The paroxysms may assume either the quotidian, tertian, or quartan type; that being governed by the amount of the poison diffused in the system, the constitutional vigor, and the temperament of the individual afflicted. Thus, the more constitutional vigor a person of *nervo-sanguine* temperament may have, and the more of the miasm there is in the system, the severer the attack will be, and the sooner the patient will rally from one paroxysm, and go into another. While on the contrary, an individual of the *bilio-lymphatic* temperament who has the system but moderately impregnated with the malaria, will have milder attacks of ague, the paroxysms be longer in passing off, and a longer period between paroxysms.

Enough has been said to set forth my theory upon the periodicity of intermittents, and I here rest the subject, with a hope that also enough has been said to call forth the opinion of the medical brethren generally, upon this very interesting subject.

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ARSENIOUS ACID IN CHOREA.—M. Barthez gives a detailed account of the case of a girl, eight years old, who had been quite healthy previously, but, in consequence of a sudden fright, had been attacked with chorea, six weeks before coming under his care. The patient recovered in a week, under the use of about one-twelfth to one-sixth of a grain of arsenious acid three times daily.—*Gazette des Hopit.*

ARTICLE 8.

CASES OF DIPHTHERIA.

BY J. J. MORGAN, M. D., OF WINDHAM, IOWA.

I was called, October 4th, 1859, to see a child, that was said to be seriously ill with sore throat. I found the child going about the house, disposed to play some. I learned that its illness had been discovered some three days previous to my visit. Upon examination of the throat, I found the tonsils considerably enlarged, and covered with a yellowish white looking substance; a part of which could be detached in the form of small shreds, presenting a dirty bluish color, and only moderately tenacious. The fauces were intensely red, as was the posterior part of the pharynx. The whole of the fauces and throat as far as could be seen, presented a peculiar knotted or lumpy appearance, that I have not observed in any other affection of the throat. The febrile excitement, or heat, was not great, although the pulse was a hundred and ten. I prescribed a saturated solution of acetate of lead, adding one grain of morphine to the ounce; this to be used as a gargle, or applied by means of a sponge to the diseased surface, two or three times during twenty-four hours. I gave chlorate potassa, three grains, once in four hours; quinine in grain doses, twice a day; ordered a saline cathartic, which was not at hand; castor oil was used. Visited patient again two days after, found it apparently much better. Continued treatment same as before. Heard nothing more of the case for six days, when the messenger informed me that the spots (which had almost wholly disappeared) were increasing; and that he wanted another bottle of the gargle. I sent, instead of the lead wash, one of nitrate of silver, thirty grains to the ounce; continued other treatment the same. Was called two days after this, (being fourteen days from the time of my first visit) found the patient greatly reduced; the prostration in a great degree, probably due to a profuse diarrhœa, which had super-

vened some two days previous. I gave opium and acetate of lead to check the evacuations of the bowels; continued treatment as before. Did not see the case again, which terminated fatally four days after; about twenty-one days from the time of invasion.

In this family, there had been three children buried within six days of my first visit, who were affected, according to the statement of the parent, in the same way as the one that I have just related. They were aged respectively, five, seven and nine. They were treated by an eclectic physician, who also had charge of the case above described, until I was called. Two more of this family were taken in the same manner as the others, aged eleven and thirteen. The oldest, though the tonsils were considerably enlarged, and the fauces and throat highly inflamed, was but mildly affected; but little of the exudation appearing, and the disease subsiding in eight or ten days. But the younger of two was apparently as aggravated as the one that terminated fatally. This case recovered after a protracted illness of three weeks. The only application made to the throat, was the solution of acetate of lead; the other treatment the same as in the first case.

Called October 8th, to Mr. J. M.'s, found a boy four years of age, breathing as with croup. Upon examination, found the tonsils covered with a heavy coating of the false membrane. In the same family, a boy aged twelve years, presented the same symptoms, except the croupal cough, and labored breathing. To the younger of these, who was evidently laboring under croup, I administered an emetic; gave as a wash to the throat, nitrate of silver, thirty grains to the ounce; directed chlorate potassa; as in the other cases, ordered cathartic. The treatment in these two cases was the same, except in the oldest, the lead wash was used, instead of the one of lunar caustic. The younger of the two, the croupal case, continued to improve to all appearance until the second night from my first visit, when it died suddenly as from spasmodic croup—as the mother expressed it, he uttered one shrill whistle and was dead.

At this time two more of this family were attacked, aged

seven and nine years. The eldest of these passed rapidly into an aggravated form, the false membrane being extensively developed. I used the lead wash in all these cases some four days, when they appeared to be so much improved, that I discontinued remedies, directing an infusion of oak bark and alum, as a gargle. Ten days after this I was summoned to attend this same family; found the disease present with all its former violence. I here resumed the treatment as before, except the application to the throat, for which I used nitrate of silver in fine powder, applying it by moistening the point of a sponge, to which a sufficient quantity would adhere. I cauterized the whole of the surface that was covered with the exudation, but did not extend it to the inflamed parts that were free from the false membrane. This treatment was continued about four days, when they gradually, but slowly convalesced.

A few words in regard to the fourth and last case in this family; the commencement of which was so mild, as scarcely to attract notice. I simply used the gargle of the solution of lead for a few days. But I learned upon being called on the 16th of November, (about thirty-five days from the first appearance of the affection) that he had not been wholly free from the disease at any time; that the tonsils had remained swollen, and the fauces red and inflamed, but at no time had there been present the characteristic exudation, which was now for the first time extensively developed. In this case the pulverized nitrate of silver was used, continuing it with the general treatment, about six days; when after a duration of some forty days, it could barely be said to be convalescent.— In this case the nitrate of silver was applied for a few days after the false membrane had ceased to be formed.

CHOLERA is said to be prevailing in a very fatal form in the north of Africa. In a body of four hundred artillery-men, one hundred and forty-four died of the cholera in a very short time.

Miscellaneous.

On the Difficulties and Advantages of Catheterism of the Air-Passages of the Chest. BY HORACE GREEN, M. D., LL. D., &c.

(Read before the Medico-Chirurgical College, Dec., 22, 1859.)

In December, 1854, I read a paper before the Academy of Medicine of New York, "On the Injection of the Bronchial Tubes and Tubercular Cavities of the Lungs;" and subsequently, namely, in March, 1856, I published in the *American Medical Monthly* a detailed report, containing a statistical table of one hundred and six cases of pulmonary and bronchial diseases, treated by means of catheterism of the air-passages, conjoined with appropriate general remedies.

Still continuing, to some extent, this plan of topical treatment in thoracic disease, I have since had opportunities to confirm the truth of some of my early observations; and, what is of equal importance, to correct other views which later experience and more extended observations have shown to have been erroneous conclusions. It is to record and announce these recognized errors, and to point out some of the difficulties, as well as the advantages that attend this plan of treatment, that I bring, at this time, the subject of Topical Medication before the College.

I propose briefly to consider the following questions:

1. Can the operation of catheterism of the air-passages be performed with certainty and facility?

2. What are the difficulties and dangers of the operation?

3. What advantages are to be derived from this method of treatment?

1. With regard to the first inquiry—the possible practicability of the operation? On this point it will not be necessary long to dwell. As very few of the profession, at the present day, will deny its performance, under favorable circumstances, I

shall only refer to the opinion of a few members of the profession, from among many of those who have considered this question.

At the discussion that followed the reading of my paper, to which I have alluded, on bronchial injections, before the Academy of Medicine, several years ago, it was remarked by a distinguished member of that body, who denied the practicability of the operation, that "the Academy must not decide this question until we had heard from Europe on the subject, as the profession there would act without prejudice or partiality."

Already, testimony has come to us from eminent men of the profession, in Great Britain, France, and Germany, that this operation of injecting the bronchi has by them been successfully performed.

Prof. J. Hughes Bennett, of Edinburgh, in his work, "*Clinical Lectures on Medicine*," says: "I have now introduced the catheter publicly in the clinical wards of the Royal Infirmary, in several patients affected with phthisis, in various stages, in laryngitis, and in chronic bronchitis, with severe paroxysms, of asthma. * * * I have been surprised at the circumstance of the injections not being followed by the slightest irritation whatever, but rather by a pleasant feeling of warmth in the chest, (some have experienced a sensation of coolness,) followed by ease to the cough, and a check for a time to all expectoration." "These facts are made known to the profession," Dr. Bennett declares, "with a view of recommending a practice which, if judiciously employed, may form a new era in the treatment of pulmonary diseases."*

In Paris, Prof. Trousseau, Loiseau, Blondeau, and others, have succeeded in injecting the air-passages, in various diseases of these parts. It has been employed in early phthisis, by M. Trousseau, as well as in diphtherite, in which latter disease it was attended with complete success.

It has been still more extensively employed by Loiseau, in the treatment of both diphtheritis and croup. The method of Loiseau is thus described by Trousseau, who was appointed

*See *Clinical Lectures on Medicine*, p. 609.

by the Imperial Academy of Medicine, of Paris, to report upon his plan of treatment: "With the extremity of the forefinger," says M. Trosseau, "he (Loiseau) depresses the tongue, seizes the epiglottis, raises it, and presses the end of the finger between the aryteno-epiglottic folds. There is then nothing more easy than to make the end of the tube glide over the finger. The air which escapes through the exterior extremity of the tube proves that it has really entered into the larynx. Through this tube, serving as a conductor, a caustic, the nitrate of silver, for example, or any other medicated substance, may be carried."

In the discussion which took place at the time, before the Academy, on this subject, M. Depaul said, "The process of catheterism of the larynx, as proposed by Dr. Green, was declared by some as being very difficult, even upon the cadaver; but I maintain," said he, "that nothing is easier than this catheterism for those who have performed it a certain number of times." Still more recently than this, comes to us the testimony of Prof. Greisenger, of Germany, as reported in the *Deutsche Klinik*, and in the *Gazette Hebdomadaire*.—Prof. Greisenger has been able, as he affirms, to introduce medications of nitrate of silver solution into the air-passages. In regard to the practicability and danger of this operation, Prof. G. says: "For us, after the experiments we have made, we can affirm that these fears are illusory, and that the different parts of the operation can be performed with a rigorous exactitude." And, finally, we have the testimony of the Committee, appointed by the New York Academy of Medicine, to inquire into the truth of the performance of this operation; for they affirm, in their report, made to the Academy, that of the thirty-two patients upon whom the attempt was made to inject the bronchi, the operation was performed in eleven cases successfully, and to the entire satisfaction of the committee. It must, therefore, be concluded that the "operation of catheterism of the air-passages," under appropriate circumstances, can be positively performed.

Notwithstanding this operation is being daily performed at the present time, yet it is not always accomplished with cer-

tainty and facility. Nature has so guarded the opening into ærien passages that catheterism of the bronchi is an operation that will be found difficult to accomplish. In many cases, I am confident, the tube passes over the glottic aperture, and enters the œsophagus, even when the operator feels quite certain that it has been introduced into the larynx. In my own practice I have found myself deceived, not unfrequently, especially in the first years of my experience in this mode of treatment. At first I believed the instrument to have taken the right course, but afterwards ascertained, in many instances, that it had entered the œsophagus.

2. What, then, are the difficulties that oppose themselves to the facile performance of this operation, and what the dangers?

The *epiglottis* does not of itself close entirely the aperture of the glottis. This cartilage being placed between the entrance of the larynx and base of the tongue, is pressed downward by the abasement of the latter, in the act of deglutition, and being moulded upon, only partially closes the glottis. It is not, therefore, correct to state, as many anatomists do, that the epiglottis "closes completely, of itself, the opening of the larynx," in deglutition.

The arytenoid muscles are the especial *constrictors* of the glottis. These muscles (as Longet has demonstrated) receive filaments from the recurrent nerve. Covering the lips of the glottis is a narrow zone of exquisitely sensitive mucous membrane, which receives its nervous filaments from the internal branch of the superior laryngeal nerve. These two nerves, the one supplying the constrictors, and the other this strip of mucous membrane, communicate freely with each other, but they have no connection whatever with the epiglottis. The irritation of this body, therefore, will have no effect upon either the motive or sentient nerves peculiar to the larynx.— This is important to remember, namely: that the epiglottis, in its normal state, is an organ nearly insensible; but when the least irritation of that sensitive portion of the mucous membrane which covers the supra-glottic space occurs, this irritation is quickly communicated to the constrictor muscles;

through filaments of the recurrent and laryngeal nerves, and the aperture of the glottis is as quickly shut up. When it is desirable, therefore, to medicate the serien passages in disease of these parts, it is necessary, as all are aware, to educate the glottic aperture, by repeated cauterizations of this opening. For if, under ordinary circumstances, the attempt be made to pass the sound, or probang, into the larynx before the exquisitely normal sensitiveness of this point of membrane be partially subdued, it will probably prove abortive; or, if successful, and the instrument be made to pass the supra-glottic guard, a violent spasmodic action, not only of the constrictors, but all the other muscles of the larynx, will occur, followed, often, by great irritation of the parts, and a suffocative cough; and if, under these circumstances, the operator persist in finishing the operation, by injecting a solution of the nitrate of silver into the bronchi, the irritation and cough are both greatly increased, and in some instances inflammation of the bronchial and pulmonary tissue have been awakened, apparently by these combined disturbing causes. This condition, as the result of these causes, may be illustrated by the following case:

Mrs. F., a widow lady, aged 35, recently returned from California, came under my care July 31, 1858; she was in the second stage of tubercular consumption. Auscultation revealed tubercles, with softening in the right lung. The disease of the lungs had been preceded by follicular laryngitis for many months. The right tonsil, which was still ulcerated, was nearly destroyed, and the pharynx was granular from the diseased and enlarged follicles.

She was placed under general treatment, ordinarily adopted in such cases, together with the application of a solution of nitrate of silver to the throat.

This treatment was continued until the 13th of August, when the parts were thought sufficiently prepared to allow the introduction of the injecting tube. On this day I introduced without any difficulty, the tube, and injected a drachm of the nitrate of silver solution into the right bronchus. No irritation followed the operation. As is the case almost invariably, after injections in either pulmonary or bronchial diseases, the

cough and expectoration were considerably diminished for several days after this operation. With intermediate cauterizations with the sponge probang, the bronchial injection was employed on the 16th, the 20th, and the 24th, with similar beneficial results with the first operation, the patient continuing constantly to improve. On the 26th of the month, in attempting to use the tube, the throat of the patient was found to be unusually sensitive, and it was with some difficulty that the instrument was introduced into the larynx. It was passed, however, into the trachea, in precisely the same way that it had been done on former occasions. A spasm of the glottis immediately succeeded its introduction, and instead of withdrawing it at once, as should have been done, I proceeded to finish the operation, and injected a drachm of the solution (15 grains to the ounce) into the bronchi. By the time the operation was completed, the whole chest seemed thrown into a violent spasmodic action; a convulsive cough, with dyspnoea, followed, which continued during several hours, but was finally somewhat relieved by the use of chloroform, and the administration of anodynes. The cough and dyspnoea, however, with increased expectoration, and pleuritic pains, continued for several days; and, although the patient became in the course of a week quite comfortable again, under general treatment, yet she never entirely recovered the favorable state she was in before the occurrence of the spasm. As the patient and friends were greatly opposed to any further *topical* treatment, it was never afterwards employed. The pulmonary symptoms increased, the disease progressed, as usual in such cases, and the patient died on the 10th of October, about two months after the last employment of the tube.

Remarks.—The above was a well-marked instance of tubercular disease of the lungs, following a long-continued case of folliculitis; one of those cases, in short, a great number of which in their early stage, in the hands of other practitioners, as well as in my own, have been, and are, successfully treated by topical medication, conjoined with general remedies; and although a *cure* in this case could not, probably, have been effected, yet, from the favorable progress made before the oper-

ation on the 26th, I am confident in the belief that the life of the patient would have been prolonged by the treatment, if it had not been for this untoward occurrence.

A case, similar to the one I have related, came under the observation of my assistant, Dr. Richards. Not having been present when the operation was performed by Dr. R., I take his account of the case.

The patient, Mr. D. M., had been long under treatment for obstinate chronic bronchitis. Topical medication, by means of the tube and sponge-probang, had been repeatedly employed and the patient had been greatly benefitted by the treatment. Mr. M. is the same patient whose case is mentioned by the Committee of the Academy of Medicine in their report, on Bronchial Injections. His case is No. 30; and the Commission thus speak of the success of the operation, as then performed in their presence; "The tube," say the Committee, "was passed without much strangling; the air was freely expelled through the tube. An injection of two or three drachms of a solution of the nitrate of silver, of the strength of thirty or forty grains to the ounce, was then thrown in.—All present were satisfied that the experiment was successful." In this instance, as the report affirms, no irritation followed the operation, nor had any irritation attended any previous operations. But on a subsequent occasion, namely, on the 20th of May, 1856, he called to have this tubing operation repeated. Dr. Richards, being in attendance that morning, introduced the tube in the same manner as it had been done both by Dr. R. and myself, on many former occasions. At this time, however, a spasm, from some cause, was immediately induced; Dr. R. did not withdraw the instrument, but proceeded to inject, as at other times. By the time the operation was finished, the muscles of the throat and chest were violently convulsed, and this was followed by a suffocative cough and profuse expectoration. This irritation, increased cough, and expectoration lasted during several days; but it finally subsided, and the patient ultimately regained a good degree of health.

I have before stated that Prof. Bennett has employed bron-

chial injections in the treatment of pulmonic diseases. In the *Edinburgh Medical Journal*, and in his work, recently published, on "Clinical Medicine," he has reported some most interesting cases, in which this method of treatment was employed.

Since the publication of the above work, by Prof. Bennett, I have been favored with a letter from him, on the subject of bronchial injections, in which, among other things, he alludes to the occurrence of an accident, in his own practice, similar to those whose history has been given. He writes: "A gentleman, in the last stage of phthisis, with cavities in both lungs, and tubercles very generally distributed among them, after long treatment with the probang, allowed me to inject the bronchi. I did so, and he was immediately seized with the most violent dyspnoea. I thought he would have died in my study. It continued several days, and then gradually declined. After five weeks confinement to bed, he was restored to the same condition he was in formerly. This was six months ago. My opinion is, that he made a too violent effort to hold his breath and retain the catheter, and either ruptured an emphysematus portion of the lung, or caused a small abscess to break, as the operation was followed by abundant purulent expectoration."

In a letter which I received during the present year, from the distinguished professor of Clinical Medicine in Paris, M. Trousseau, he, among other interesting statements made on topical medication, mentions the occurrence of an accident in his practice, from the use of nitrate of silver solution, under circumstances different from any that have come under my own observation. He remarks: "I often canterize the interior of the larynx. I sometimes, but rarely, use a hollow caustic holder like that of Dr. Loiseau's, and I have also injected into the trachea solutions of nitrate of silver and sulphate of copper. This practice, in my hands, has never been attended by any danger, and I have never heard that Dr. Loiseau has had any accident to deplore. * * * I have introduced caustic solutions very frequently into the trachea and bronchial tubes, after tracheotomy, in case of croup. For six years I

never operated for tracheotomy without injecting caustic solution." "Once this practice," continues M. Trosseau, "in my hands, caused the immediate death of a child. The case was as follows: I had operated on a child two and a half years old; he breathed very well. I dropped into the trachea ten or fifteen drops of a solution of nitrate of silver; a coagulation of thickened mucus, which was in the principal bronchi, immediately followed, and the child died, strangled, in less than a minute." "An accident of this kind," he adds, "can never happen if a sponge, moderately wet with the caustic solution, be used; and with the instrument which you use, a model of which you have sent to me, I cannot see how an accident can occur to the lungs."

It would also seem impossible that this accident, to which Prof. Trosseau alludes, could have resulted from the cause to which he refers it. He had used it frequently before in the same manner, during a period of six years, without the occurrence of any such accident.

During the last winter, it will be remembered that many severe cases of membranous croup and diphtheritic inflammation occurred in some of our larger cities. This was the case particularly in Boston, Mass., in which city the physicians have reported some almost hopeless cases that were saved through the combined measures of tracheotomy, followed by repeated injections of a solution of nitrate of silver, through the opening into the trachea and bronchi. In one instance, as reported in the *Boston Medical and Surgical Journal*, in the case of a child, aged four and a half years, Dr. Gay, assisted by Drs. Bowditch and Perry, "injected through the artificial opening into the trachea, every four hours, about one-third of a teaspoonful of the solution of nitrate of silver, of the strength of 20 grains to the ounce of water." This treatment was continued through several successive days and nights, and resulted in the complete recovery of the patient. It would seem, therefore, that in the case reported by M. Trosseau, the patient must have died from some other cause than the one mentioned, namely: "ten or fifteen drops of a solution of nitrate of silver into the trachea."

Nor is there any need of the occurrence of any accident from the employment of catheterism of the bronchi, if proper cautions are adopted; for, with our present knowledge and experience in the use of this measure, it is one, we maintain, that may be employed with as much safety as any of our other remedial agents.

To the precautionary measures necessary to be adopted in topical medication I shall refer, after alluding to another danger.

When the attempt was first made to inject the trachea and bronchi, it must be remembered that there were no precedents, no recorded cases, in which this practice had been adopted, to which we could refer, for guiding us in regard to the strength of the remedies, or to the amount of medicaments that could with safety be injected; consequently, it became necessary to proceed with much caution, in the inauguration of this practice. Fortunately, those persons upon whom the attempt was first made to employ this method of treatment, were among those patients who for a long time had been under treatment for laryngeal and bronchial diseases; to whose larynges the sponge-probang had been frequently, and for a long time, applied; consequently they were particularly well prepared for the introduction of the injecting tube, and for the employment of the injections; and it was for these reasons that bronchial injections, in the first instances in which they were employed, were better borne, and were accomplished with more facility, than they have been in most instances since. At any rate, I soon found that in recent cases, I had more difficulty in effecting the introduction of the tube, and that it was necessary to employ, at first, a *very mild* solution, which could be subsequently increased in strength. The following case will illustrate one of the difficulties to which I refer:

In September, 1854, Miss H., a young lady of this city, was recommended to my care, by her friend and physician, Dr. C—, for the treatment of a bronchial affection. The ordinary signs of bronchitis were very marked. Topical applications, of the nitrate of silver solution, were made to the glottis and larynx, and the general remedies, ordinarily recom-

mended in such cases, were administered. This treatment was continued several weeks without producing any decidedly beneficial effect upon the patient. About this time I saw the patient on several occasions, in consultation with the physician who had recommended her to my care. He advised a further perseverance in the plan of treatment, but suggested the employment of catheterism of the bronchi, (an operation he had seen performed, in similar cases, several times upon my patients) if the present measures, after a further trial, should be successful. But her disease continued to resist the influence of those measures which had proved quite successful in the management of other, apparently similar, cases. On the 7th of November, therefore, the bronchial tube was, with some difficulty, introduced, and nearly a drachm of the solution injected into the bronchi. An unusual amount of irritation followed this operation.

The introduction of the tube induced a spasm of the glottis; the patient coughed severely, and complained, while she remained in my office, of pain in the larynx and bronchi.—She, however, left soon after the operation, for her house, in the upper part of the city, but did not return for any further treatment. The subsequent history of her case was obtained afterwards, from herself and her mother.

The cough and bronchial irritation continuing after her return home, the patient and her friends became alarmed, and called in their ordinary medical attendant, who, in turn, called in a consulting physician, but both concluded to do nothing, for the irritation gradually subsided, and, along with it, the alarm of the patient and her friends; and, still better, the cough and bronchial disease, which had so long and so obstinately resisted other measures, entirely disappeared, and the young lady has continued in good health, up to the present time.

Spasms of the glottis will, as I have before stated, occasionally occur, caused by the irritation of the supra-glottic space, in the introduction of the tube, although great pains may have been taken to prepare the parts by previous training. In this case, I at first attributed the spasm and subsequent cough and dyspnoea to irritation, produced at the glottic opening.—

But from some observations and experiments which I have since made, I am fully satisfied that the disturbance in this instance, and probably in the case mentioned by Dr. Bennett, as well as in some others, similarly affected, was caused by the employment, at first, of a solution of too great strength.

I have recently instituted some interesting experiments upon animals, (the cat and dog,) in order to ascertain how strong a solution of nitrate of silver can be borne, when injected into the trachea and bronchi. I experimented upon these different animals, but found the results the same, under similar circumstances, in both the cat and dog. But I will detain the College with the history of only one case.

A young dog, eight months old, weight fifty pounds, was treated by bronchial injections. His jaws were opened by an assistant; a cord being placed around his tongue, it was readily drawn out of his mouth, when the epiglottis, and the opening of the glottis, were seen without any difficulty. I passed the tube quite readily into the larynx, and carried it down eight inches, into the trachea. Here it was allowed to remain several minutes, without producing the least disturbance, while the respired air passed freely through the tube. After a time I injected a small amount of a weak solution of the nitrate of silver through the tube into the lungs of the animals; but, as he did not seem to be at all effected by this, I soon after threw in half an ounce of a solution of the strength of fifteen grains to the ounce. After being released, he commenced playing about as usual, without showing a symptom of any disturbance whatever. The next day he appeared perfectly well, and was as playful as ever. At 5 o'clock P. M. on the following day, I again introduced the tube into the dog's larynx, and conveying it down, nearly the whole length of his trachea, but not below the tracheal bifurcation, I injected into the bronchi the ounce syringe full of a strong solution of the nitrate of silver, of the strength of thirty grains to the ounce of water. This amount, in proportion to the weight of the animal, would be equivalent to three ounces of the solution of this strength to an adult. The respiration of the animal was not impeded at the time, nor did any signs of

suffocation follow immediately this operation of injecting so large an amount of fluid into the air-passages. The dog, for a time, ran about as usual. At 7 o'clock, two hours after the operation, I visited him at his kennel, and calling him out, found him with tail hanging down, eyes dull, and breathing with some difficulty, and uttering occasionally a short cough. On listening to his sides, moist, bronchial, and crepitant rales were heard throughout both lungs. He was allowed to lie down in his kennel. At 10 o'clock I went to him again, when I found that all these symptoms had greatly increased; the dyspnoea was quite difficult, and the dog was disinclined to move about. He died during the night.

I examined the lungs the next day; the bronchial mucous membrane was highly inflamed. Both lungs were inflamed, and gorged with blood; and bloody and frothy mucus blocked up the bronchial tubes. The animal died, therefore, of inflammation of the lungs and bronchi, superinduced by the large and strong injection of a solution of nitrate of silver into the bronchi.

Remarks.—It is evident, then, that nitrate of silver may be used of that strength, and to that amount, in bronchial injections, as to prove fatal to animal life. So, also, may the too frequent use of all or of any of the potent remedies destroy life.

3d. In relation, then, to the third inquiry, "What advantages are to be derived from this method of treatment?" I reply: bronchial injections of a solution of nitrate of silver, when judiciously employed, have proved to be, and will continue, I believe, to be a valuable therapeutic means in thoracic disease.

In the commencement of this paper, I referred to the detailed report which was published by me, two or three years ago—a report containing a statistical table of one hundred and six cases of pulmonary and bronchial diseases, treated by means of catheterism of the air-passages, conjoined with appropriate general remedies. The following is the brief analysis given at the conclusion of the report of the above cases: "If we analyze the *one hundred and six cases*, reported in the

table, it will be found that *seventy-one* of the sum-total have been recorded as cases of *advanced phthisis*—cases in which tubercular cavities were recognized, in one or both lungs; and *thirty-nine* cases of *early phthisis*. Of the first division—advanced phthisis—*fourteen* have since died. *Twenty-five* were more or less improved; their lives, apparently, being prolonged by this means of medication. *Seven* only of the thirty-two cases of advanced phthisis were not benefited by the injections. Of the *thirty-nine* cases of *incipient tuberculosis*, *twelve* of this division have apparently recovered. *Five* more of this number are now, or were, at the last report, in the enjoyment of a good degree of health. These five cases were classed by my assistant, Dr. Richards, with the twelve recoveries; making *seventeen*, in all, of the thirteen cases of early tuberculosis which have apparently recovered.

“Of the remaining *twenty-two* cases, many of whom are still under treatment, *seventeen* have been greatly improved by topical medication; *three* more have been moderately benefited; while *three* only have failed to obtain any advantage from the local measures which have been adopted.

“Of the *twenty-eight* cases of bronchitis, *sixteen* have been dismissed, cured, or so much improved as to require no further treatment. All the others have been greatly benefited.*”

This method of treatment, in this class of diseases, has been continued, more or less, since the report to which I have referred was made; and such has been the amount of success which has continued to attend this plan of treatment up to the present time, I am now ready to affirm, after an experience of many years, in a field of observation unusually large, that, *if I was required to relinquish all other known therapeutic measures or topical medication in the treatment of thoracic diseases, I should choose the latter, with hygienic means alone, in preference to the entire class of remedies ordinarily employed in the treatment of these diseases.* But I shall now refer briefly to the opinion of other physicians as to the value of this mode of treatment.

* See published “Report of One Hundred and Six Cases of Pulmonary Diseases, treated by Bronchial Injections,” &c., pp. 84-5. [8]

In chronic bronchitis, in asthma, and in early tuberculosis, cauterization of the air-passages has been found to be a most valuable and efficient remedy. As I have stated, topical medication, in the treatment of thoracic diseases, has been continued in my hands since the publication of the "Report of the One Hundred and Six Cases" to which reference has been made. During this period of three or four years, large numbers of patients, affected with chronic laryngeal and bronchial diseases, with asthma, and with tubercular phthisis, have been treated, and the success which has continued to attend this practice has served to increase greatly my confidence in this measure, as a therapeutic agent. I shall, however, omit a detail of any of these cases coming under my own observation, and only refer briefly to the opinion of other physicians on the value of this mode of treatment.

At a meeting of the French Academy of Medicine, subsequent to the reading of M. Loiseau's paper on catheterism of the Larynx in Disease, a very favorable report on the management of some of the diseases of the air-passages by this method was adopted; the commission making the report declaring that catheterism of the air-passages in the treatment of diphtheritic inflammation and other kindred affections, is not only practicable, but is of great utility.* "I believe this method," said M. Velpeau, "to be a good one. While diphtheritis is at the opening of the air-passages, it is curable, and M. Loiseau has ascertained that it is not difficult to carry medications into the larynx."†

"As a therapeutic means," says the editor of the *Gazette Medicale de Paris*, "it merits a more serious attention. What is the relation of cauterization to croup? It is a powerful, energetic means, the only one, which, up to this time, has really succeeded. When the disease is limited to the upper part of the air-passages, we cauterize, and all practitioners agree that this means is truly of great benefit. What is laryngeal cauterization other than carrying beyond the limits of ordinary cauterization, a remedy recognized as good, efficacious, not only against the essence of the disease itself, but

* See *Union Medicale*, Aug., 1857.

† *Ibid.*

also against the pathological secretion?" And the learned editor of the *Gazette Hebdomadaire*, after calling attention to what had been done in America in the treatment of croup by cauterization, adds: "These experiments should be repeated by us, with that attention which the authority and the honorable position of our American confreres command. M. Loiseau, anticipated, as it is seen, in every particular, has given us, however, a useful example, and his merit will still be great if he succeeds in introducing into use a practice worthy of more attention than it has yet received."*

During the last year, the *Gaz. Hebdomadaire*, and other French journals, have contained the histories of several severe cases of diphtheria, which, under the care of Loiseau, Trosseau, Gros, and other physicians of Paris, were successfully treated, by catheterism of the larynx. In alluding to one case reported by M. Gros, where the diphtheritic inflammation had extended deeply into the air-tubes, threatening immediate suffocation, but which was permanently cured by injections into the larynx, the editor of the *Gaz. Hebdomadaire* says:

"This fact has an important practical signification, and speaks loudly in favor of the advantages which may be derived from catheterism of the air-passages, and from topical applications, carried by this measure directly into the larynx and trachea."†

Indeed, M. Trosseau has quite recently expressed, before the French Academy, his want of confidence in all the ordinary violent remedies in the treatment of croup, such as severe vomiting, blisters, leeches, etc., declaring his belief that we must place our main dependence upon direct catheterism, or cauterization of the air passages, followed, if this measure is unsuccessful, by tracheotomy.

In Dr. Hughes Bennett's work, to which I have already alluded, he has devoted a chapter to the consideration of "Injections of the Bronchi in Pulmonary diseases." He remarks, "Whilst tuberculosis is at first a constitutional disease, its localization in any part reacts more or less on the general

* *Ut supra*, Aug., 1857.

† *Gazette Hebdomadaire*, Sept., 1859, p. 640.

health; and the opinion I have long entertained, that any means which could enable the physician to act directly on the tissue of the lung or inflamed bronchi, would assist his efforts at cure, at once led me to take a favorable view of this new mode of treatment. The nitrate of silver ought to act as beneficially on the mucous membrane of the trachea and bronchi as on that of any other hollow viscus, and we have seen previously that the remedy may be applied to the tracheal mucous membrane, by means of an artificial opening, not only without injury, but with decided benefit." He further adds, "Without entering into minute particulars, I have only to say that I have confirmed the statements made by Dr. Horace Green."

The cases in which Dr. Bennett employed this method of treatment, as he states in his work, were, patients "affected with phthisis in various stages, with laryngitis, and in chronic bronchitis, with severe paroxysms of asthma. In other cases in which I attempted to pass the tube, it was found to be impossible; in some because the epiglottis could not be fairly exposed, and in others on account of the irritability of the fauces, and too ready excitation of cough from pressure of the spatula."*

- This, then, is only a part of what has been done in France, Germany, England, and Scotland, in the employment of topical medication in disease. In some of these countries, far more extensive observations on this mode of treatment have been made than in our own country; certainly, more than in our own city! But I shall not stop here to compare the careful inquiries, the scientific observations made and the frankness and candor exhibited, by the profession of other countries, on this subject; with the course pursued by many of my "American confreres;" nor, especially, with the *non-commitalism* of the New York Academy of Medicine, before which body this matter of catheterism was first brought; and whose report on this subject has slept for five years, unmolested, on their table!

If necessary, I could give the opinion of many other practi-

* *Gillette's Lectures, &c., p. 202.*

tioners, in Europe and America, who have tested topical medication, in the treatment of diseases of the air-passages, and who profess to have derived signal advantage from this therapeutical measure.

I will only refer to some favorable testimony from some parts of our own country. During the last year, as it was remarked on a former page, croup and diphtheria were more than ordinarily prevalent in some of our larger cities. This was the case particularly in Boston; and here, many very severe cases of diphtheria occurred, and some almost hopeless cases were saved by cauterizations of the larynx; and others, by tracheotomy; followed by repeated injections of a solution of nitrate of silver, through the opening, into the trachea and bronchi.

In a report of some most interesting cases of the disease, read before the Boston Society for "Medical Improvement," and subsequently published in the *Boston Med. and Sur. Journal*, Dr. Gay says, "After tracheotomy, and the insertion of the tube, the injection of a solution of nit. argent. through the tube, into the trachea and bronchi, is our strongest dependence and most of the other measures are mere auxiliaries." "In seven cases decided membranous croup," says Dr. Gay, "in which these combined measures were employed, and in which the membrane was expelled through the tube, there have been *five recoveries*, and *two deaths*." Many other severe cases were successfully treated by cauterizations of the larynx and trachea, employed before the operation of tracheotomy became imperative.

I shall close this paper by describing the method I employ in practicing catheterism of the bronchi. I have received letters from many medical men, requesting me to give them an account of the manner of performing the operation, and a description of the instruments employed. As it has been, and is, impossible for me to comply with all these individual requests, I cannot do better than to reproduce the directions I sent to Prof. J. Hughes Bennett, who several years ago wrote to me, desiring me to send him a description of the operation, and a set of the instruments I employed. My re-

ply is published at length in Prof. Bennett's recent volume of "Clinical Lectures," from which I shall extract.

"I would, with pleasure, send you the instruments I employ, but they are simple, and may be obtained at any surgical instrument maker's shop. They consist of an ordinary flexible, or gum catheter, and a small silver, or glass syringe.—The catheter is Hutchings' gum-elastic catheter, (No. 11 or 12) which is $12\frac{1}{4}$ inches in length; and, as the distance from the incisor teeth to the tracheal bifurcation is, ordinarily, in the adult, about eight inches; if this instrument is introduced so as to leave only two inches of the catheter projecting from the mouth, its lower extremity must, of course, (if it enter the trachea) reach into one or the other of its divisions. I first prepare my patients by making applications, with the sponge probang, and nitrate of silver solution, for a period of one or two weeks, to the opening of the glottis and the larynx, until the sensibility of the parts is greatly diminished. Then, having the tube slightly bent, I dip the instrument in cold water, (which serves to stiffen it for a moment, and obviates the necessity of using a wire,) and with the patient's head thrown well back, and the tongue depressed, I place the bent extremity of the instrument on the laryngeal face of the epiglottis, and gliding it quickly through the rima glottidis, carry it down to, or below, the bifurcation, as the case may require. It is necessary that the patient continue to respire, and the instrument is most readily passed during the act of inspiration. The tube being introduced, the point of the syringe is inserted into its opening, and the solution injected. This latter part of the operation must be done as quickly as possible, or a spasm of the glottis is likely to occur. Indeed, if the natural sensibility of the aperture of the glottis is not well subdued by previous applications of the nitrate of silver solution, or if the tube, in its introduction, touches roughly the border or lips of the glottis, a spasm of the glottis is certain to follow, which will arrest the further progress of the operation. The epiglottis, which is nearly insensible, (and this you may prove on any person, by thrusting two fingers over the base of the tongue, and touching, or even scratching with the nail, this

cartilage,) should be our guide in performing the operation. The strength of the solution for injecting, is from 10 to 25 grains to the ounce of water. Commencing with 10 or 15 grains to the ounce, its strength is subsequently increased, and the amount I now employ is from $\frac{1}{2}$ to $1\frac{1}{2}$ drachms of this solution.”*

Allow me further to add, that, latterly, in commencing the injections, I have used a solution still weaker than above denoted. When my patients are prepared for catheterism, by repeated cauterizations of the opening of the glottis and larynx, to reduce the normal sensitiveness of the parts, the tube is then introduced, and a drachm of solution of nitrate of argent., of the strength of from 5 to 10 grains to the ounce of water, is injected through the trachea. Afterwards, the solution may be gradually increased in power; but, at the present day, I seldom employ the remedy, in bronchial injections, of a strength above 20 grains of the salt to an ounce of water.

Should a spasm of the glottis occur, as I have before remarked in this paper, on the insertion of the tube into larynx, the instrument should be promptly withdrawn, and no further attempt be made to proceed with the operation, until the irritation has fully subsided. It is necessary that the applications of the sponge-probang be continued in the intervals of the employment of the tube.

In cases of bronchitis, in asthma, and in early phthisis pulmonalis, even, the use of injections into the bronchi, once or twice a week, operate to diminish the cough, expectoration and dyspnœa, with great certainty, and very many cases of these diseases have recovered under local treatment, after other measures had fail.—*Amer. Med. Monthly.*

M. CLOQUET has been appointed President of the Academy of Medicine of Paris.

BAILLIERE of Paris, the well known medical publisher, died recently.

* “Clinical Lectures on Medicine,” pp. 606-9.

Sulphurous Vapor Baths in Chronic Rheumatism. By G.
L. PURDY, M. D.

[From the Cleveland Medical Gazette.]

All practitioners of much experience, are aware of the obstinancy of this affection—chronic Rheumatism, how slow it is to yield to remedies, and how often it entirely defies the whole array of Therapeutics. And under these circumstances, any means that tend towards its alleviation or cure ought to be promulgated among the profession, and used for the benefit of sufferers from this disease.

The treatment of chronic rheumatism by the sulphurous vapor baths, is reported by James Williams, M. D., in the *London Lancet* for August, 1858, and in the thirty-eighth number of *Braithwaite's Retrospect*, the same thing is upon record.

I shall not attempt to enter into the pathology of this disease, nor the *modus operandi* of the treatment, but will merely make up a short report of a case in which I used the bath as an adjuvant to other means, with a successful result, after the disease had resisted similar means, unaided by the bath.

Dr. Williams describes an apparatus for the administration of the bath, but it can be used without going to all of this trouble.

I had my patient stripped to the skin, and seated on a tight bottomed chair—thickly enveloped with flannel blankets from the shoulders downwards. Place the blankets tightly around the neck, and have them fit snugly to the floor, around the patient's chair—but as far from it as you conveniently can, so there will be no danger of their taking fire from the flame of the sulphur. Now, place under the patient's chair an iron vessel containing one fourth of an ounce of sublimed sulphur of the shops, and upon the sulphur, place a small piece of red hot iron, and combustion immediately takes place. If the vapor should escape through the blankets too much, and thus annoy the patient, place more covering around him, or keep the vapor from the face with a fan.

The patient should be thus vaporized 20 or 30 minutes, or

until a very free perspiration is got up. If the sulphur burns out too soon, add some more. When the bath is discontinued have the blankets removed, and the patient well sprinkled with a half gallon of cold salt water, and thoroughly dried by brisk friction, and placed in bed, warmly covered for three hours. The bath should be used once every second or third day.

Mrs. Y., aged about 30, was attacked last March, with rheumatism of the left hip, knee and ankle joints, incapacitating her from going about, except by the aid of crutches—sometimes she could not even use these for days at a time.

From what I could learn, the disease was rather of the acute character at its commencement. She was treated for six weeks by a medical friend of a neighboring village, who subjected her to all the remedies usually applied in such cases, but with very little benefit.

She then underwent a two months' course of infinitesimal homeopathy, but received no beneficial results. The homœopathist promised a cure in two weeks.

From this time, until the 12th of last August, she went the rounds of home-made and patent medicines, the results as before—no benefit of a permanent character.

I was called to visit her for the first time, on the 12th of last August, and found her almost helpless from inability to use the left leg; the joints being quite sensitive to the touch, especially the hip joint. She was very much exhausted, and worn down from loss of sleep, and irritation. Being favorably impressed by Dr. Williams' paper on the "Sulphurous Vapor Bath," I determined to give it a trial in this case. I therefore subjected her to its influence every third day, and gave her 10 grains pulvo. gum guaiac, and 1 grain pulvo. sem cocilicum, three times a day. Under this treatment, and a succession of blisters around the hip joint, she gradually and steadily improved.

By the 25th of September, she could walk without crutches. I now changed the guaiac and colchicum, for the comp. syru p sarsaparilla and iodide potassa. This course was continued for three weeks longer, but the bath was used only once a

week since the 25th of September, and discontinued on the 15th of October, when she was well enough to do her own house-work, and discharged her hired girl. She continued the use of the sarsaparilla and iodide of potassa for three weeks longer. As she appeared well, the medicine was discontinued at this time. I frequently hear from her, and her health remains good. I attributed the chief part of her recovery to the sulphurous vapor bath, for in conversation with her first attending physician, he told me that he had given her colchicum, guaiacum, iodide potassa, and many other remedies.

I have given a very condensed account of the case, and yet I think extensive enough, to give an opportunity to see the effects of the bath in this obstinate case of chronic rheumatism.

Remarks on delivering the After-birth, in common cases. By
B. C. SMITH, M. D., Webster Place, Georgia.

[From the Oglethorpe Med. and Surg. Jour.]

Under existing arrangements in medical education there are, annually, hundreds of graduates sent out who have never enjoyed the advantages of practical clinical instructions in the department of Obstetrics; and their general and theoretical instructions have been more in reference to the measurements of the pelvis and foetal head; the presentations and positions, and the management of difficult cases, and use of instruments, than the manner in which uncomplicated, and by far the most numerous class of cases, should be conducted.

While every student feels the importance of understanding all that he possibly can, in regard to the management of difficult cases, none should neglect to be fully posted in the management of ordinary ones. If there is a degree of deficiency in any point, let it be in that class of desperate cases

which no inexperienced student or graduate should attempt to treat alone.

Now, natural and difficult labors too, are constantly occurring, and the young physician, will possibly be called to the latter in a few instances, and certainly to the former very often. If he does not understand the management of a natural case, he cannot understand that of a difficult one. A student may have acquired all the knowledge that can be afforded him by books, lectures and manakins, yet he should not attempt to "turn" or use instruments, until he has sufficient experience to render familiar to him the different structures of the female re-productive organs.

The mere tyro will not be expected to conduct a difficult labor; much less to require assistance in the management of the most common cases.

A great majority of the young physicians, who have not realized the advantage of an obstetric clinic, or the practical teaching of a good preceptor, will be called on to take the whole responsibility in the management of the first case of labor that they ever witnessed; and on making his first examination, per vaginam, the student will only discover that the stereotype impressions made on his mind, through organs of vision, by plates and other artificial preparations, as well as by verbal descriptions, must all be replaced by his becoming acquainted with the vital structures through the sense of touch alone.

But, to come to the point: however much may be known of theory, or however little of practice, the foetus, in natural and uncomplicated cases, will be expelled, but in a great majority of these cases, the placenta will lie detached, and lying at the mouth of the womb, perhaps grasped in it and held firmly by its contractions, or sometimes it may only be retained in the vagina.

Now, presuming that you are a young accoucheur, attending your first case, that the foetus has been expelled; the womb found to contract; mucus cleared from the child's mouth; and the cord properly ligated and clipped. You will now wait fifteen, twenty, thirty or sixty minutes, according to the favor-

ite practice of your worthy preceptor, or the teachings of some special professor; and then the after-birth not having been expelled, you will proceed by wiping the cord with a dry cloth, close up to the vulva, as nearly dry as you can; then continuing to hold it up from the discharging fluids, dry the fingers of the left hand, (or right if more convenient,) with which take hold of the cord by giving the dried portion a turn or two around the middle finger, and grasping the portion leading to the placenta firmly between the end of the thumb and the palmer side of the index finger; you will put it upon the stretch, but not attempt to pull away the placenta, as you have probably been taught to do, for it is very unphilosophical to attempt to combat atmospheric pressure, by pulling at the cord, while the os is completely covered, and the air excluded by the flat surface of the placenta; but take the tense cord as a guide for two fingers of the other hand, follow it upwards until it widens out into a slippery, yet granular or knotted feeling mass, which is the foetal surface of the placenta, follow this surface along the most depending portion of it until the end is reached, (which may generally be done without passing the hand into the vagina,) now hook the ends of the fingers over the edge and draw it down into the os, in the same manner that you would attempt to pull a button through a button-hole, one edge foremost. When one edge is drawn fairly into the os, you may pull the cord moderately, during uterine contractions, and the after-birth will advance rapidly, for it is now presenting edgewise and will pass through the os in an elongated roll.

So soon as the most bulky portion has passed the sphincter of the vagina, you will find that it is disposed to slip out without any further effort on your part. But instead of removing it at once, you will gently press it back, while you give it several turns so as to twist the following shreds of membrane into a cord, and then bring all away together.

Now, as it is the first placenta you have seen, observe it closely; feel of every portion; mash it between the thumb and fingers; pull the cord; tear it away from the placenta, and note the degree of force required; for when you have a

case of retained placenta you will find that such observations, previously made, will be of more advantage to you than you can now imagine.

Extract from the Speech of Governor Wise, of Virginia.

We take the following extract from the speech of Governor Wise to the Medical Students at Richmond, Virginia, on the occasion of the exodus from Philadelphia.

"Here in the midst of this metropolis, is erected an institution of Virginia's own, on the very spot where God has grown the snake-root to cure the ague and fever. [Laughter and applause.] Then we have a University, a Faculty, a hospital; and will you tell me Virginia's doctors cannot, at home, in Virginia, learn to cure her diseases as well as they can by spending millions in Philadelphia for learning there, how to cure disease? I was frequently sick in Philadelphia, and have had the doctors there waiting upon me. On one of these occasions I had no less a man than the illustrious Virginian, Nathan Chapman, waiting on me. Mr. Chapman was a most eloquent orator, and as eloquent in colloquy. On one occasion I got tired of his conversation, and I said to him, "Doctor, have you no patients to attend?" Says he, "Sir," in his nasal tone, "I have killed almost all, and cured the rest." [Laughter.] Said I, "Sir, have you no lectures to write? For God's sake let me alone!" Says he, "Sir, I wrote my lectures forty years ago, and I only have now to furbish them up with a few new anecdotes." [Laughter.] "Doctor," said I, "will that do in this enlightened age?" "Yes," said he, "it is good enough to make corn-crackers for Virginia." [Loud Laughter.] There is more philosophy in this anecdote than perhaps you may now likely give to it. Those high-pretending institutions, after they get their fame up, have more pretensions about them than there is of reality in them. The institution that is young; the institution that is rising; the institution

that is to make a reputation, is the one where, if you are earnest and zealous in your search after science, you will derive most benefit. The school that is unknown and unsung to fame—there is the place to get the real waters of the true Pierian Spring.”

Chronic Inversion of the Uterus. BY DR. F. RAMSBOTHAM,
of London.

The following case is related by Dr. Ramsbotham, of the London Obstetric Hospital. It is interesting as showing the possibility of spontaneous replacement of an inverted uterus, after it had been displaced for some months, and even after some very rough treatment:

“I was sent for on July 20th, 1839, to see a young lady of relaxed fibre and cachectic habit, who had been delivered of her first child, after a severe labor, twelve hours before, and whom I found suffering from violent forcing-pain and great hæmorrhage. She was exceedingly depressed. I detected a tumor, occupying the vagina, as large as a man's closed fist, entirely covered by a layer of coagulum. It was sensitive, though not painfully so, possessed a doughy feel, and became harder when compressed. The uterus could not be felt in the abdomen; but above the pubes there was a sensation of a most unusual void. As she had passed no urine since delivery, I relieved the bladder; and having not doubt that the tumor was the uterus inverted, I made strenuous efforts to restore it, without effect, but not without putting her to considerable pain. After sometime I desisted in despair, fearing that I should lacerate the upper part of the vagina; for the tumor had become hard while I was making these efforts, and in the same proportion, the circle of the mouth became closed around it in the form of a forcibly constricted ring. She passed a quiet night under the influence of morphia, and in the morning voided urine naturally, with some coagula. She

was confined in bed for two, and in the house for three months, with severe lumbar pains, and copious irregular hæmorrhage. From the middle of October till the end of December, she was free from flooding, but still annoyed by bearing-down pains, attended by a profuse, glairy, leucorrhœal discharge.—The hæmorrhage returned, and continued for two months, after which she was moved into the country, and I did not see her again till May 22d. She was then in such imminent danger, that, in consultation with Mr. Hamilton, at that time assistant surgeon to the London Hospital, and with her general attendant, it was agreed to remove the tumor by ligature as soon as she was recruited. It was at this time the size of a ordinary nonpareil apple, and had every characteristic of an inverted uterus.

On June 5th, with the assistance of the gentlemen above mentioned, I placed a ligature around its upper part by means of the double canula. The application gave but little pain at the moment, and the bleeding, which had been going on almost uninterruptedly, ceased immediately. In three or four hours, however, a violent rigor supervened; this was followed by symptoms of intense peritoneal inflammation, and the ligature was removed twenty hours after its application. The pain and other inflammatory symptoms gradually subsided; in a few days she was able to leave her room; she menstruated on July 13th, less profusely than she had been accustomed to do, and continued regular in that respect; she regained her flesh, color, and appetite; was able to take a long walk, had no bearing down, nor difficulty in passing water; and, when I saw her in January, 1841, she told me that she enjoyed better health than she had done for many years. Nothing solid had ever passed from the vagina since the operation.

Early in the year, symptoms of pregnancy manifested themselves; and I delivered her of a six months' fœtus, on July 7th, in the same year, 1841. Since then I have also attended her with four other children. On one occasion the placenta adhered, and I had to introduce my hand to remove it. I sought for a polypus in the cavity, but there was nothing like

one. On another occasion, after the placenta had been expelled naturally, she was harassed with violent spasmodic bearing down pains, which induced me to pass my hand into the uterus; I there found the fundus and posterior part of the body protruded considerably downward and forward, there existing evidently a disposition for inversion to occur again; this, however, was obviated by the introduction of the hand."

This ought to give us additional confidence in any effort we may undertake for the purpose of remedying, by manipulation, this serious accident.—*Med. Times and Gazette*, November 5th, 1859.

Chloroform in Obstetrics. BY WILLIAM PETTIGREU, M. D.
Western Medical and Surgical Society.

As a general rule he deprecated its use in ordinary or natural labor for the following reasons:

1.—That the accoucheur should attend solely and strictly, to his own avocation, and that it therefore necessitates the presence of a second practitioner.

2.—The folly of occurring any risk of asphyxia or death, although such cases in the lying-in room are rare with chloroform in comparison with those in which surgical operations are performed.

3.—That under ordinary circumstances where matters are favorable and progress natural, it tends to depress the system, leaving the entire expulsion of the foetus to the efforts of the uterus, supplied as it is by organic nerves, while the muscles of animal life which so forcibly assist its action are almost paralyzed.

4.—By its administration there is danger to both mother and child.

Cases illustrative to these objections were related; the exception to the general rule being, where the mother was of a delicate and nervous temperament, and where chloroform was administered in a very modified form, more to attract the at-

tention of the patient from her fears than to lessen the natural throes of labor. In protracted labor the author had experienced much benefit in its administration, and although the pains for the first ten minutes appeared arrested, they afterwards returned more strongly, with greater regularity, and under its use the rigidity relaxed, the mucus became more freely secreted, the countenance of the patient became less anxious, and the pulse quickened at first, became stronger, and the child was born in a short time. Cases illustrative of the facts were then related.

The author, in his limited experience, bore out the observation of Dr. Simpson, that hæmorrhage seldom or never occurred after the use of chloroform.—*Medical Times and Gazette*.

DEATH OF A MEDICAL PRACTITIONER FROM CHLOROFORM.—Dr. Renwick, a medical practitioner of Alloa, Scotland, died recently under the influence of chloroform, which was administered for the purpose of undergoing an operation on an inverted toe nail. He had, some time previously, suffered from pain in the region of the heart, and it is said that his father died suddenly of the heart disease.

ŒVUS CURED BY CREASOTE.—Dr. Buzalsky reports in the *Medical Zeitung*, the entire removal of a Œvus on a child's temple by penciling twice a day with creasote.

THE HOSPITAL FOR NERVOUS DISEASES.—Dr. J. S. Ramskill has been appointed, in connection with Dr. Brown-Sequard, a Physician to the National Hospital for the paralyzed and epileptic.

A SUICIDE by Chloroform occurred lately in Liverpool. Eight ounces of the article were poured into a dish, and the individual died with his head over the vessel.

Editorial.

BOOK AND PAMPHLET NOTICES.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By FRANK HASTINGS HAMILTON, M. D., Professor of Surgery in the University of Buffalo, etc., etc. Illustrated by two hundred and eighty-nine wood cuts. Philadelphia: Blanchard & Lea. 1860. Pp. 757.

The appearance of an original work on Fractures and Dislocations, marks a new era in the history of surgery in the United States; for as Dr. Hamilton remarks in his preface, the English language does not contain, at this moment, a complete treatise on these subjects. Melguigne's work on fractures, has been translated into English, and published in this country, since the commencement of Dr. Hamilton's book, but we are not aware that the second part, on dislocations, has yet been published in French. Such a work was, therefore, a *desideratum*, and this, we feel assured, will not only supply the want, but be a starting point for a more careful study of these accidents.

It is a work of great labor; embracing not only the views of leading European authors, but those of a large number of American practitioners, collected from detached and scattered sources, such as publications in Medical journals, transactions of Societies, etc. He has also brought to bear upon the subject, numerous valuable specimens in the hands of various surgeons in this country, not heretofore employed in a way to be so generally accessible, as those in public collections.

In his labors, the author has not only manifested an indus-

try worthy of praise, but an impartiality much more rare; and has shown that materials exist in this country for aiding in the solution of many difficult problems, if writers would but take the necessary pains to collect them, instead of adopting the easier and more usual method of resting satisfied with such as are furnished them by foreign writers.

The work is concise, judicious, and accurate; and adapted to the wants of the student, practitioner, and investigator, honorable to the author, and to the profession.

We would not, however, be understood as agreeing with Dr. Hamilton in all his views of practice. This could not be expected. Each surgeon has his own method of effecting any given object, which by skillful application he makes more useful than another method equally good, would be in his hands, and attributes, naturally, to the apparatus, results due to his skill. Numerous figures and descriptions of dressings, are found in this work which, although they have been proposed and recommended by eminent surgeons, are hardly used at the present day, even by their authors.

Thus, we are informed that Sautrin has so mollified his "immovable" dressings, as to make them differ but little from that with padded splints; and we doubt if Velpeau is tenacious of the "dextrine" bandage so popular with him in 1840. But our object is not to criticize, or to give an analysis of the work, which each one of our readers, in surgical practice, should possess. There are, however, a few points of special interest to us, which it may be of use to notice in detail. Among these, the perforation of bone in the treatment of ununited fracture is the most prominent. Dr. Hamilton's notice of the plan proposed by us, is perfectly fair, and contrasts most favorably with that of Prof. Gros, who not only says the perforation did not succeed with him, (he using a common trochar with which it is impossible to perform it,) but misquotes what we have published on the subject. Dr. Hamilton does not give us his own experience the treatment of ununited fracture; but we remember to have noticed some years since, a successful case, reported by him, treated by a method similar to our own. As several cases have come to our knowledge, of sur-

geons using our method, as they suppose, without success; when, in fact, they resorted to one quite different, and which in the beginning we found equally to fail; and as some like Dr. Gross have supposed that we claimed always to effect a cure, and more particularly in reply to numerous letters and applications on the subject, we repeat here what we have already published, of the results of our observations and operations, together with some additional facts necessary for their full elucidation.

We have treated, for the purpose of obtaining union, at the present date, twenty-one cases of ununited fracture.

Of these, two were treated by fixing the ends of the ends of the bones together by pieces of wire. Both were of the femur, and succeeded, but with symptoms quite severe.

Since adopting the practice of subcutaneous perforation, we have treated nineteen cases, as follows:

Humurs,.....4.	Ulna,.....13.
Femur,.....5.	Tibia,.....5.
Radius,.....1.	Lower Jaw,.....1.

All these, except two, have been already published. One left while under treatment, and in a fair way of recovery, to place himself under the care of another surgeon, who employed the seton without success. Once it failed, as did also the the seton and resection, this was cured near three years after, and recently by the use of metallic wire through the ends of the bone. Thy rest recovered without serious accident. Two had small abscess at the point of perforation, one had slight erysipelas. This was the case alluded to as not succeeding, and the erysipelas was much more mild than that which followed the use of the resection.

This is not all our experience in the treatment of ununited fracture. Several cases of delayed union, of from twelve to sixteen weeks standing, have been treated successfully without operation. These were cases in which there was already some tendency to union. Where there is no tendency to union, after double the time ordinarily required, I resort to perforation.

In two cases of ununited fracture, I have performed ampu-

tation. One was a compound fracture of the humerus, with paralysis of the member of eighteen months standing; the other, a fracture of the tibia of eleven years standing, and much deformity, and where sloughing had taken place to such an extent from erysipelas, that during the whole of this time, cicatrization had never been completed.

In addition to these cases, we have seen and examined several ununited fractures, which we have not treated at all; some, because treatment was not desired; others, because the fracture was of ancient date, and the member considerably useful; and two, because the state of health of the subjects was not such as to admit of any operation being performed with safety.

Of the cases which were not submitted to treatment, several had already been treated by the seton without success.—One cured by boring, had also been previously treated in the same manner; and in one, we resorted to the seton after perforation had failed, as above stated. It did not succeed in any of these cases. We have not had occasion to see the treatment by seton result favorably in a single instance. We do not from this fact, reject the seton absolutely. In most of the false joints we have been able to acquire a knowledge of, on which the seton was used, it has been resorted to with so little discrimination of cases, and so little knowledge of its action, used too small or too large, or for too short a time, that they could not by any means be regarded as fair tests of its value when properly resorted to. In but one, was it used according to the directions of its author, who retained it over four months before union was completed, and twelve weeks before it commenced to take place. In the case to which we now allude, the seton was kept in the arm eleven months without success.

Dr. Hamilton's enumeration of the causes of want of union is very brief and does not put the surgeon sufficiently upon his guard against some of them—such as transportation of the patient from place to place; the application of cold or evaporating lotions, etc. These, according to our observation, are constantly followed by some delay of union.

Of the method of remedying deformities of bones, after fracture, by subcutaneous division, some examples of which, are familiar to our readers, Dr. H. does not speak; no doubt from not having noticed reports of them.

On the subject of fractures of the neck of the femur within the capsule, our author adopts the views, very nearly, of Sir Astley Cooper, and reads a lecture to the professors of the Royal College of Surgeons, London, for their want of justice towards Sir Astley. Having had occasion to examine the collection of Cooper, now in the museum of the college, and to hear and see both sides, it seems to us that the Doctor might very well have omitted the little moral lesson on that point.

On the subject of reduction of dislocations of the hip, the remarks of Dr. H. are very valuable. He quotes five instances in which the femur was fractured during efforts at reduction by extension, and two when the same accident happened from manipulation.

While his conclusions are not unfavorable to manipulation, he expresses himself with reserve concerning it. We do not by any means share his doubts of the permanent value of this method of treatment; nor do we expect that it is destined to supercede the use of extension with the pulleys. By further experience, and more careful studies on the *cadaver*, the two methods may be so combined as to render mutual service and greatly mitigate the severity of these formidable accidents.

With a recommendation to such as desire a knowledge of the subject, to "buy the book," we close this notice, proposing to return to some points of its practice and pathology, as occasion may present.

CONTRIBUTIONS TO OPERATIVE SURGERY AND SURGICAL PATHOLOGY. By J. M. CARNOCHAU, Professor of Surgery in the New York Medical College, etc. No. Three. Philadelphia: Lindsay & Blakeston.

This is the continuation of a work unequalled among the original medical publications of this country, for the elegance

and luxury of the "getting up." It is of quarto form, on fine paper, with large type, and illustrated by tinted lithographs of excellent quality.

Professor Carnochau is fortunate in being able to put his "contributions" to surgery in a form so attractive and so permanent. The present numbers contains three papers on congenital dislocations of the femur, and one on restoration of the entire upper lip.

The work is published in numbers, which appear quarterly, at seventy-five cents each. The entire work to be completed in ten numbers.

THERAPEUTICS AND MATERIA MEDICA.—A systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By ALFRED STILLE, M. D., late Professor of the Theory and Practice of Medicine in the medical department of Pennsylvania College; formerly physician to St. Joseph Hospital; President of the Pathological Society, and Fellow of the College of Physicians, of Philadelphia; Member of the Societe Medicale D'Observation, of Paris; Honorary Member of the Medical Society of the State of Rhode Island, etc. Philadelphia: Blanchard & Lea. Two Volumes. Pp. each, 900. 1860.

It is with no common satisfaction that we welcome this contribution of Prof. Stille, to the rapidly augmenting sum of knowledge, relating to remedial agents offered to the acceptance of the diligent student.

An accurate and available understanding of Therapeutics, is the very corner-stone, upon which every physician must rest the superstructure of successful practice; and yet, it is a subject usually deemed so little capable of embellishment, that study is too often neglected; many physicians passing through a long professional life, constantly wielding weapons of the action and power of which they are only partially informed. We think this work will do much to obviate the reluctance to

a thorough investigation of this branch of scientific study; for in the wide range of medical literature treasured in the English tongue, we shall hardly find a work written in a style more clear and simple, conveying forcibly the facts taught, and yet free from turgidity and redundancy. There is a fascination in its pages, that will insure to it a wide popularity, and attentive perusal, and a degree of usefulness not often attained through the influence of a single work.

The author has much enhanced the practical utility of his book, by passing briefly over the physical, botanical, and commercial history of medicines, and directing attention chiefly to their physiological action, and their application for the amelioration or cure of disease. He ignores hypothesis and theory, which are so alluring to many medical writers, and so liable to lead them astray, and confines himself to such facts as have been tried in the crucible of experience.

Some idea of the style of the author, and the scope and aim of the work, may be gathered by the following brief extract from its preface:

"The strictly scientific portion of the subject embraces the consideration of medicines in their physical, chemical, and physiological relations. Of these, the first and second are described so fully and accurately in works that rank among medical classics, that it seemed unnecessary to discuss them at length in a treatise whose point of view is rather at the bedside of the sick, than in the laboratory or the lecture room. On the other hand, the action of medicines upon the sound organism of man and of the lower animals, forms an indispensable key to their curative operation in disease. The more thoroughly it is known, the more intelligible must the mode become in which medicines bring about the restoration of soundness of structure and function, and the more will the isolated facts of therapeutics tend to arrange themselves in a systematic form.

"If this division of the subject is more copiously illustrated than is usual in treatises on the *Materia Medica*, it may perhaps the better serve to aid the sagacious reader in explaining the operation of remedies, and to suggest new occasions for

their employment. Our knowledge of the usefulness of medicines rests altogether on experience; but not upon that of any one man, however skillful, or of any age, however enlightend; their efficacy is attested by a multitude of witnesses, and is to be confirmed by time which reduces the opinions of individuals to their just value, outlives the fashions of the day, and is unmoved by the prejudices of the schools. To experience then, we must turn as the ultimate and decisive arbiter of all questions respecting the curative virtues of medicines, feeling assured that whenever the particular application of a remedy can be sustained by the testimony of the great physicians of successive ages, our employment of it possesses the highest possible sanction."

The work is in two volumes. In its mechanical execution it is every way worthy of the house by which it is issued.

Received through S. C. Griggs & Co., 39 and 41 Lake St., Chicago, Illinois.

ELEMENTS OF MEDICAL JURISPRUDENCE. By THEODORIC ROMEYN BECK, M. D., LL. D., Professor of Materia Medica in the Albany Medical College; Member of the American Philosophical Society; Honorary Member of the Medical Societies of Rhode Island and Connecticut; etc., etc., and JOHN B. BECK, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the City of New York; Corresponding Member of the Royal Academy of Medicine, of Paris; Corresponding Member of the Medical Society of London; etc., etc. Eleventh Edition. With Notes by an association of the friends of Drs. BECK. The whole revised by C. R. GILMAN, M. D., Professor of Medical Jurisprudence in the College of Physicians and Surgeons, of New York. Philadelphia: J. B. Lippincott & Co. From S. C. Griggs & Co., 39 and 41 Lake Street, Chicago. 1860.

In a new edition of this work we recognize the appearance of an old and valued friend; in a new and improved dress,

enlarged by the results of the latest experience and mental effort of its author; and also by the valuable contributions, furnished by a number of friends of Dr. T. Romeyn Beck, of recognized ability, who came generously forward to perfect this new edition of his "Medical Jurisprudence," that he had well nigh completed before his death, and to place it within the reach of the medical and legal professions. If anything could add to the favor with which it is likely to be received by the public, the names of the distinguished gentlemen who have lent their supervision and aid, to amend errors if any were found, or supply deficiencies should any be discovered, would be for it a sufficient guaranty. They are as follows:—
D. Tilden Brown, M. D., resident physician, Bloomingdale Lunatic Asylum; R. H. Coolidge, M. D., Assistant Surgeon U. S. A.; Austin Flint, M. D., Professor of Clinical Medicine in the New Orleans School of Medicine; B. W. McCreedy, M. D., Physician Bellevue Hospital; Samuel St. John, M. D., Professor of Chemistry, College of Physicians and Surgeons, New York; John Watson, M. D., President of the New York Academy of Medicine; J. P. White, M. D., Professor of Obstetrics in the University of Buffalo; John C. Dalton, Jr., M. D., Professor of Physiology in the College of Physicians and Surgeons, New York; and upon legal questions, George Shea, Esq., Counselor at Law, and the Hon. Murray Hoffman of the New York Superior Court.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATIONS.—
Volume 12, 1859.

This volume is less ponderous than those which have preceded it, without being on that account more condensed or valuable.

It is becoming apparent that the workers in the profession, do not desire to present the results of their labors to the public through these volumes of "Transactions." It is to be hoped that the division of the Association into "sections"

effected at the last meeting, may have a favorable effect on its action for the future.

It may be seen by the "book notices" of our present issue, that the past and present years have already issued a number of original medical works in this country, quite unusual, and of a character to add to the reputation of the profession.— This activity is not indicated by the volume before us nor can it be said that the papers contained in it are of such a character as greatly advance the standing of the physicians of this country.

NEW MEDICAL JOURNAL.—The *Virginia Medical Journal* makes its appearance with the new year, under the new title of the *Maryland and Virginia Medical Journal*. J. B. McCaw, M. D., and W. C. Van Bibber, M. D., editors, with a long list of able co-editors.

We cannot but applaud this evidence of a tendency to consolidation and co-operation on the part of the active and intelligent members of the profession in these two great states which, contrast with the tendency noticeable elsewhere, to isolation and subdivision.

The editors are efficient and capable, and we shall look for increased value, in a journal heretofore under its former name and direction, one of the prominent medical periodicals of the country.

In this number we have as the leading article a description of a "New Instrument for the Treatment of Fractures of the lower extremity," by Prof. N. R. Smith, a veteran in the service.

This splint is called by its inventor the "anterior splint" and is placed, as its name indicates, on the upper instead of the under side of the member, as other angular splints are. Not having used this splint, nor even seen it applied, we are not prepared to give an opinion concerning its value, but think from the description that in certain cases of compound frac-

ture, or where excoriations have occurred, it will be found a reliable resource.

In the notice of the Volume of Transactions of the American Medical Association, we find the following judicious remarks which we commend to our readers on account of their truthfulness, good sense, and their appropriateness at the present time:

"Always an earnest friend of this Association, and recognizing its conservative influence upon our profession, we have never been one of those who preferred to point out its failures, rather than to dilate upon the usefulness of its results. The warmest advocate of the Association, however, must confess, that it fails in each annual reunion to equal, much less excel, its efforts of the preceding year. Its committees have, one after another, been found wanting, until, as in the present instance, even the standing committees failed in their duty, and we have no report on the present condition of medical literature or education in the United States.

"Another ominous prognostic may be noticed in the refusal of the prize to any of the applicants; for surely there must be apathy among *forty thousand* physicians, if an essay coming up to the modern standard heretofore assumed by the Association could not have been prepared for the occasion.

"Need we add, that each returning year shews a smaller attendance of the profession upon this their national congress, and each year—most vital of all—the volume of the Transactions in interest and value.

"These facts make us disposed to think seriously upon the course to be pursued hereafter by all who wish to perpetuate this important organization, and with the hope of throwing out suggestions which may prove useful at the coming meeting, we take this opportunity to express our opinions on this question. We may reasonably expect to meet many of the leading men of the country at New Haven in June, and we anticipate that some modifications of the existing arrangements will be discussed.

"We regard the two vital defects in the present system of management to be as follows: 1st. The Association has never

been a scientific working body, but a debating society, confining itself to the discussions of constitutional and ethical questions, attempting to pull down or build up colleges, or to execute impracticable schemes of reform, and generally concluding with a grand jollification which promoted mirth, but gave not a page to the forthcoming volume."

We have in conclusion a small reclamation to make of the "Treatment of Indolent Ulcers by the Vapor of Iodine," which is in the number before us, credited to the *N. A. Med. Chic. Review*. This treatment originated in the U. S. Marine Hospital, at Chicago, under our care, and was first published in a recent number of the *Chicago Medical Journal*. Notwithstanding the high authority for taking from those who have little and giving to those who have much, we object to the application of the practice in this and similar cases.

LOUISVILLE MEDICAL JOURNAL, Edited by THOMAS W. COLESCOTT, M. D., Louisville, Ky: Vol. 1, No. 1.

This medical journal, edited by one already well known to the fraternity by his connection with the *Louisville Medical Journal*, made its appearance at the commencement of the new year. The number before us is well got up, both editorially and typographically, and from the names of the contributors to the present there can be no doubt of the value and interest of the future numbers. Pecuniarily we should suppose that a new journal in Louisville would not be a promising enterprise. There are already eleven medical periodicals issued in the Northwest, including those of Cincinnati, Louisville, and St. Louis, where three or four, or even one might answer the purpose of the profession, but this number only indicates the zeal and enterprise of physicians in this region, and at present that concentration which seems desirable is apparently impracticable.

The first article in the *Louisville Medical Journal* is by Prof. Goldsmith—a report of a case of traumatic aneurism

of the femoral artery, in which the common iliac artery was tied by penetrating the peritoneal cavity. Death occurred on the fifth day after the operation. The cause of the fatal result, in the opinion of Prof. Goldsmith, was the "constitutional contamination produced in consequence of the absorption of decomposed blood clots."

He expresses the opinion also that the mortality which has attended the operation for the cure of large false aneurism by the so-called Hunterian operation, is much greater than that after treatment by the old method of ligature above and below the tumor, with evulsion of the blood clots.

INTRODUCTORY LECTURES AND ADDRESSES ON MEDICAL SUBJECTS. Delivered chiefly before the Medical Classes of the University of Pennsylvania. By GEORGE B. WOOD, M. D., LL. D., etc. Philadelphia: J. B. Lipincott & Co. 1850. Pp. 460.

The author in his preface gives the following reasons for the publication of these addresses:

"Being about to withdraw from scholastic medical teaching, the author conceives that this may be a proper occasion for publishing, in a connected form, the introductory lectures and addresses, relating to medicine, which he has at various times delivered. Most of them have been already printed separately by the several classes or societies before whom they were respectively read; but some of them now appear in print for the first time. Representing, as they do, the views and sentiments of one long devoted to the medical profession, and compelled, by the necessities of his position, to observe, investigate, and reflect upon the concerns of that profession in all its different relations, scientific, practical, ethical, and historical, they can scarcely fail to contain lessons, which may be made useful to the student and young practitioner. This consideration may, perhaps, be received as a sufficient excuse

for their publication; but the author confesses that he has also other views. He wishes to bring himself again to the memory of the many physicians, some of them now no longer young, who have listened to his instructions during their years of pupilage, and to leave with them a memento, by which, when he shall be no more personally among them, they may now and then recall him to mind, with kindly recollections of former intercourse."

These sentiments we are sure will be cordially reciprocated by the physicians of this country, whose respect, admiration, and kind feeling will follow Dr. Wood into his retirement, and to whom this volume is a timely and acceptable offering.

RUSH MEDICAL COLLEGE.—The exercises of the seventeenth annual commencement of this Institution, were held on the evening of the fifteenth of February. Professor Brainard gave the valedictory address. The number of students in attendance during the course has been something over one hundred; being more than the Institution has averaged in former years; and a more worthy and intelligent class, or one whose members have devoted themselves with greater assiduity to the objects that drew them together, has never before convened within its walls. The course in every respect, has been as useful and quite as satisfactory as that of any previous year.

The whole number of matriculants of the school, up to this time is seventeen hundred, and of graduates, five hundred.—The number of graduates of the class of 1859-60, was thirty-six, whose names and subjects of theses, will appear in the next number of the *Journal*.

NATIONAL SOCIETY OF SURGERY.—We have noticed that the "Society of Surgery, of Paris," established many years since, has recently been taken under the patronage of the French government, as an association of "public utility."

The society at its origin, had to contend with some difficulties owing to prejudices and jealousies; but it has fairly earned its reputation, and may now be regarded in the light of successor to the old French Academy of Surgery, whose action exerted so great and favorable an influence on the progress of the art, and whose "memoirs" are still so often quoted.


In view of the success of the "Society of Surgery, of Paris," the thought naturally occurs, why would not a similar association, composed of hospital surgeons, professors, and others interested in this branch, be advantageous in this country. It might meet like the physicians of the lunatic asylums, quietly, confine its labors to matters of a purely scientific nature, and be made agreeable as well as useful to its members.

To SUBSCRIBERS.—Correspondents and those sending us their names as subscribers for the *Journal*, will save us much trouble, and insure to themselves prompt attention to any requests contained in their letters, by giving their address in full. So many towns in different States have the same name, that when the name of the State is omitted, we are often entirely at a loss where to mail the *Journal*, or direct answers to letters.

Any subscribers who do not receive the *Journal* regularly, will confer a favor by giving us immediate notice of that fact and if the fault rests with us, it will at once be corrected.

STATE MEDICAL SOCIETY.—The undersigned, the chairman of the Committee of Surgery respectfully requests any member of the profession having knowledge of interesting facts relating to surgical subjects, to communicate the same to him before May 1, 1860.

D. BRAINARD.

 The annual meeting of the Illinois State Med. Society, for 1860, will take place at Paris, Edgar Co., on the second Tuesday in May.